

PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of \_\_\_\_\_

Town of \_\_\_\_\_

or \_\_\_\_\_

City of GlobeBUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 192

County Registrar No. \_\_\_\_\_

Local Registrar No. 273

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child \_\_\_\_\_  
If child is not yet named, make supplemental report, as directed.3. Sex of Child MALE To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? Yes 6. Date of birth Dec 28 - 1926  
Month day year.

3. FATHER 14. MOTHER

Full name Ramon Chavez Full maiden name Rosa Martinez9. Residence (Usual place of abode) South 2nd St 15. Residence (Usual place of abode) Globe

If nonresident, give place and state \_\_\_\_\_ If nonresident, give place and state \_\_\_\_\_

10. Color or race Mex 16. Color or race Mex11. Age at last birthday 35 (Years) 17. Age at last birthday 34 (Years)12. Birthplace (city or place) Georgetown 18. Birthplace (city or place) Rody(State or country) New Mex (State or country) New Mexico13. Occupation Miner 19. Occupation Housewife

Nature of Industry \_\_\_\_\_ Nature of Industry \_\_\_\_\_

20. Number of children of this mother \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? Yes

(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 12:45 A on the date above stated.  
(Born alive or ~~stillborn~~.)\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
Signature H. N. Horst M.D.  
Address Globe Ariz.  
Physician or midwifeGiven name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Filed 1/31 1926 \_\_\_\_\_  
Local Registrar.Registrar. \_\_\_\_\_  
Filed \_\_\_\_\_ 19 \_\_\_\_\_  
County Registrar.

037-1226-949